

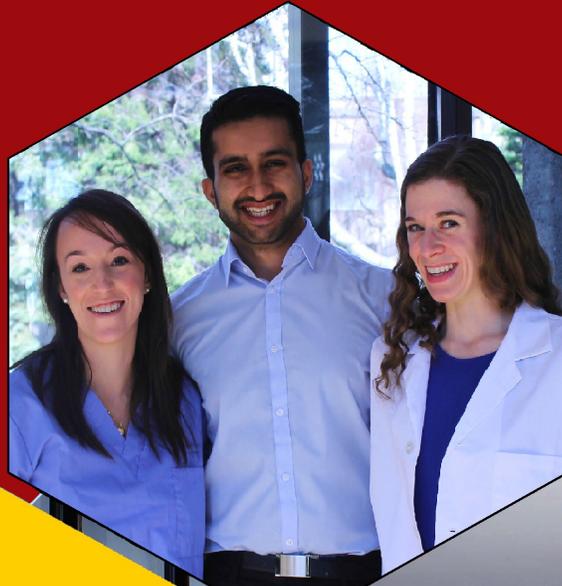
THE CFMS MATCH BOOK



CFMS
Canadian Federation
of Medical Students

FEMC
Fédération des étudiants et des
étudiantes en médecine du Canada

**A RESOURCE TO PREPARE
YOU FOR THE CANADIAN
RESIDENCY MATCH**



The Match Book

A resource for your preparation of the
Canadian residency match

Editors: Bae, Ishaque, Xia

2016 Edition
Canadian Federation of Medical Students

cfms.org

The Match Book

2016 Edition

Produced and distributed by Canadian Federation of Medical Students

Editors: Steven Bae, Abdullah Ishaque, Sunny Xia, Canadian Federation of Medical Students

Special thanks to CaRMS, whose website provided important contents for this publication. Thank you to Jennifer He, a medical student from McGill University, who photographed the cover photos.

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The CFMS has made every attempt to ensure the accuracy of data presented herein; however, absolute accuracy cannot be guaranteed.

The tips from residents presented in this publication were not collected systematically. They reflect personal opinions and do not represent the views of any organization. Readers should use his or her judgment in this regard. The CFMS is not responsible for any consequence resulting from readers' actions based on these tips.

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Special thanks to the staff at:



For additional information regarding 2016 R-1 Match results, please visit the Data and reports section on carms.ca

Please direct inquiries about this publication and the CFMS's role to office@cfms.org and inquiries about CaRMS to help@carms.ca

PREFACE

Message from the Match Book editors

The Match Book, created in 2008 and currently in its 10th edition, intends to provide an introduction to the Canadian residency match process. It presents an overview of the major steps involved and aids Canadian medical students at various stages of training in planning their strategy for matching to their preferred programs.

This edition was the first to seek sponsorships to aid with distribution and printing costs. We are grateful to Medskl and the Canadian Society of Internal Medicine for their sponsorship for this edition. We would like to thank the members of the CFMS Medical Education Committee, current (Nebras Warsi) and past (Irfan Nizarali) CFMS Vice-President Education, CaRMS and finally, CFMS members at large for their contributions in the advancement of this annual publication. We also thank previous editors for their tremendous work in reviewing and revising the Match Book, as well as CaRMS, one of the main partners of the Match Book. Last but not least, we extend our appreciations towards recently graduated students, student interest groups and numerous other individuals.

The CFMS Medical Education Committee was created in 2014 and is responsible for the CFMS Education Portfolio, which comprises several active projects including the Match Book. Any CFMS member interested in editing future editions of the Match Book is advised to apply for the CFMS Medical Education Committee in Fall 2016. Any questions should be addressed to the CFMS Vice-President Education (vpeducation@cfms.org).

Sincerely,



Steven Bae
Class of 2019
Queen's University



Abdullah Ishaque
Class of 2019
University of Alberta



Sunny Xia
Class of 2018
University of Ottawa

Message from the CFMS

Dear Medical Students,

The Canadian Federation of Medical Students (CFMS) is proud to publish the 2016 iteration of the CFMS Match Book. On behalf of all Canadian medical students, the CFMS wishes to thank Steven Bae, Abdullah Ishaque, and Sunny Xia for leading on this initiative this year.

The CFMS was founded in 1977 in response to the recognized need for a national unifying body for medical students to better advocate for medical student interests. Our membership has since grown to more than 8000 students at 14 medical schools across Canada. At the CFMS, it is our mission to connect, support and represent our membership. As future physicians, we also advocate for the best health for all members of society.

The CFMS **connects** Canadian medical students and we seek to engage with our student members. Our cornerstone is www.cfms.org -- the online home of CFMS, available in both English and French. Beyond connecting members to CFMS, we connect Canadian medical students with each other, through bi-annual meetings, numerous committees, programs and events. These student-to-student connections facilitate the sharing of local best practices across schools and create a sense of camaraderie among medical students.

The CFMS **supports** medical students with a wide variety of services and programs. We know our members value discounts as they undertake costly medical training, and our discounts program includes disability insurance, laser eye surgery, hotels, medical apps for smartphones and more. Finally, in recent years we have taken a renewed focus in supporting the wellness of our members, via wellness resources, a wellness member survey and advocacy efforts.

The CFMS **represents** our membership at multiple forums. We provide the Canadian medical student perspective to our sister medical organizations, government and other partners that are helping to shape the future of medical education, medical practice and health care. Within Canada, we are proud of our work in medical education on projects such as the *Future of Medical Education in Canada*, The Royal College's *CanMEDS 2015*, and the *AFMC Student Portal*.

The activities of the CFMS are diverse, relevant and member-driven. We are committed to serving our members through our vision of tomorrow's physicians, leading for health today. The CFMS recognizes the immense amount of energy and time that all medical students devote to their future and are excited to continue supporting the development of this publication. We hope that the information contained will help in planning your transition to residency.

Best wishes,



Nebras Warsi
Vice-President Medical Education
Canadian Federation of Medical Students

Message from the AFMC

The Association of Faculties of Medicine of Canada (AFMC) is pleased to comment on results of the 2016 Resident Match. Overall, they show that faculties of medicine and provincial governments continue to work together to provide postgraduate training opportunities for a growing number of graduates of Canadian medical schools as well as international medical graduates who look for new opportunities in Canada.

While the AFMC is pleased to see the successful growth in residency training, we are also mindful of the growing number of Canadian medical graduates who remain unmatched at the end of the match process. This year, 151 Canadian MD graduates were unmatched after the first iteration. Of this number, 124 attempted the second iteration, and only 76 matched. It is unclear what happened to the 27 unmatched Canadian MD graduates who did not go through the second iteration. The recently formed AFMC Resident Matching Committee will study this trend and work toward decreasing these numbers as part of its mandate to continuously improve medical education in Canada. In order to better support our medical students, we have created [Match Myth-Buster Video Clips](#) on the residency matching process. The tool aims to demystify preconceived ideas about the matching process, and guide students during this crucial step of their medical career. I hope these clips will be of value to you.

The AFMC continues to co-chair the Physician Resource Planning Advisory Committee (PRPAC), who is mandated by the Conference of Deputy Ministers to implement Recommendation #1 from the Future of Medical Education in Canada Postgraduate project, to “ensure the right mix, distribution and number of physicians to meet societal needs.” A key priority of the PRPAC for 2016-17 is to begin work to address the issue of unmatched Canadian medical graduates. This will be accomplished by identifying the gaps between the current and desired state of the matching process, and by supporting graduates of Canadian medical schools on their paths to meaningful clinical or non-clinical careers that contribute to the healthcare needs of Canadians. Last year, a bilingual career counselling data tool, [Future MD Canada](#), was launched to provide accurate information to support decision-making. The tool has been very well-received by prospective medical school applicants, current students and those who advise them. The AFMC will be conducting an annual refresh of Future MD Canada in summer 2016. If you have not already done so, I would encourage you to explore the tool and pass it on!

Please do let us know how else we can help support you.

Warm regards,



Geneviève Moineau MD, FRCPC
President and CEO

Message from CaRMS

The Canadian Resident Matching Service (CaRMS) is a national, independent, not-for-profit, fee-for-service organization that provides a fair, objective and transparent application and matching service for medical training throughout Canada.

CaRMS was established in 1969 at the request of medical students seeking an independent entity to facilitate the application and match process. Since then we have worked in close cooperation with medical students and their representative organizations, faculties of medicine and their staff at the program, undergraduate and postgraduate levels, as well as other stakeholders in the medical education community to match nearly 4,000 applicants each year through four residency matches: R-1 Main Residency Match, Family Medicine/Emergency Medicine Match, Medicine Subspecialty Match and Pediatric Subspecialty Match.

The R-1 Main Residency Match (R-1 match) for entry-level postgraduate positions is CaRMS' largest match. It encompasses all 17 Canadian medical schools and is offered in two iterations each year. A total of 3,259 graduating students and physicians matched to residency training programs in Canada in the 2016 R-1 match and will begin their postgraduate training on July 1, 2016. Of these, a total of 2,761 current year Canadian medical graduates (CMGs) were matched. This translates to a match rate of 98.3 per cent for current year CMGs who participated in the entirety of the match (both first and second iteration).

We know the residency and application process is an important stage in a medical student's career, and CaRMS is committed to supporting students every step of the way. We are proud of our custom-built world-class platform, CaRMS Online, which centralizes and simplifies the process for both applicants and programs. CaRMS Online is supported by our dedicated, bilingual client service representatives and a robust suite of help resources to make sure our users have the assistance they require throughout the match year. Furthermore, through our ongoing voice of the client (VOC) program we are collecting feedback from our users to ensure that our system and support services continue to meet their needs. While the technology we use to serve our clients is ever evolving, our overriding goal remains unchanged: to facilitate a process that matches as many students as possible to their career choice within the policy framework we are provided.

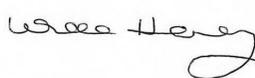
CaRMS' primary role in Canada's medical education system is to facilitate a fair, transparent and efficient transition for medical students to residency; the establishment of selection criteria and the processes governing the match is the responsibility of the provincial ministries of health, faculties of medicine and their programs. However, as our community continues to examine these policies and their application in an ever-changing world, CaRMS is pleased to serve as an active and constructive participant in these discussions, leveraging our experience and extensive repository of [match data](#) to facilitate truly informed decision making.

CaRMS' vision is to be a trusted partner in the process of connecting the right physicians to the right careers for a healthier Canada. We look forward to ongoing collaboration with the CFMS and all of our stakeholder organizations to ensure the continuing realization of this vision.

Sincerely,



John Gallinger
CEO
CaRMS



Dr. Willa Henry
Chair
CaRMS

Acronyms used in this publication

AFMC Association of Faculties of Medicine of Canada

RDoC Resident Doctors of Canada

CaRMS Canadian Resident Matching Service

CFMS Canadian Federation of Medical Students

CMG Canadian Medical Graduate

IMG International Medical Graduate

MSPR Medical Student Performance Record

PG Postgraduate

PGY Postgraduate Year

R (#) Resident (year of residency)

ROL Rank order list

1. THE MATCH PROCESS

Overview

The CaRMS match process allows applicants to decide where to train and Program Directors to decide which applicants they wish to enroll in postgraduate medical training. Students and program directors should be able to explore all possible options in a transparent and efficient manner before the match deadline.

CaRMS Online is the online application that becomes accessible via carms.ca in early September for candidates expected to graduate the following spring. Once this portal is opened, you can apply to programs and submit documentations (CV, Medical Student Performance Record, transcripts, personal letters, letters of reference, etc.) according to requirements set by the programs.

Following application review by postgraduate programs, interviews are granted in January and February. Interviews are scheduled directly between applicants and programs, independently of CaRMS. After interviews, applicants create a rank order list of their preferred postgraduate programs to be entered into the match algorithm. Likewise, programs rank applicants. The “first iteration” match is conducted, followed by a “second iteration” for applicants who remain unmatched after the first.

Once matched, applicants are legally bound to attend the residency program and programs are legally bound to accept applicants. Visit <http://www.carms.ca/en/match-process/your-application/your-carms-contract/> for more information.

For more details on the match process, please visit carms.ca.

Who Are Involved

CaRMS

CaRMS is a national, not-for-profit, fee-for-service organization established in 1969 to facilitate entry into postgraduate medical training throughout Canada. The organization includes a Board of Directors and stakeholders from the CFMS, AFMC and other partners in medical education.

The CaRMS website contains information for students registering for the match. It covers eligibility, procedures, statistics on the previous year’s match, CaRMS policies, and the timetable for the current year (www.carms.ca).

CaRMS does	CaRMS does NOT
1. Provide a centralized, secure online application for postgraduate education.	1. Determine a candidate's eligibility for entry into postgraduate training.
2. Utilize a computer-based algorithm to facilitate the match process.	2. Have a role in determining the number of residency positions (quota) available in any particular discipline or in any particular location.
3. Administer the matching process for four residency matches.	3. Have a role in determining which applicants are selected for interviews, the interview schedule, interview questions and applicant evaluations.
4. Facilitate access for Canadians to the US application system for PGME.	4. Have a role in determining the level of participation of IMGs in the match or which residency positions are eligible for IMGs.

Note: Application requirements and number and allocation of residency positions are determined by provincial ministries of health and/or PGME offices. All interview and ranking considerations lie solely with individual programs and NOT with CaRMS.

Undergraduate Medical Education (UGME) Programs

Undergraduate medical education programs are responsible for registering their graduating medical students with CaRMS prior to the student application process. They provide CaRMS with confirmation of a candidate's good standing and receipt of their MD degree. They also provide medical student performance records (MSPRs), also known as the Dean's letter.

Provincial Ministries of Health and Education

Government ministries are primarily responsible for the determination of the number of positions available in each entry discipline within their jurisdiction. These are determined and funded based on a number of factors, including societal need, budgetary concerns and capacity in the medical education system. Typically, there are more PGY-1 entry positions available than the number of CMGs each year in order to accommodate re-training and international medical graduates (IMGs).

Postgraduate Medical Education (PGME) Programs

Every discipline at each school has a Program Director who is responsible for the selection of successful applicants. Following student submissions, directors and program administrators use CaRMS Online to review applications and grant interviews to candidates. Interview dates and times are arranged by PGMEs and typically take place in late January and early February.

The only role CaRMS plays in the interview process is working with Faculties of Medicine to collect, verify and post the most up-to-date interview dates in a centralized calendar on carms.ca.

Once the interviews are complete, postgraduate program directors create rank order lists (ROLs) of applicants that are entered into the match algorithm along with the student ROLs for their choice of programs.

International Medical Graduates (IMGs)

In 2007, IMGs were included in the first iteration of the CaRMS match for the first time. This decision was made by provincial governments in response to a shortage of health human resources. In most provinces, there are a set number of positions for IMGs such that they do not compete directly with CMGs. CaRMS administers these as separate “parallel” streams. In Quebec, IMGs compete directly with CMGs for the same positions. In the second iteration, there is no parallel match; all remaining positions are made available to IMGs and CMGs who compete in an open match process.

Application Documents

There are several documents that make up a residency application.

Not all documents are required for all programs or matches. Always consult the program descriptions for specific requirements. You should review these descriptions regularly to make sure you are aware of the latest requirements, as modifications are made throughout the year.

The following is a list of documents that you may be asked to include in your applications to programs. Consult the provided CaRMS link for more detailed information regarding each component.

Medical school transcripts	http://www.carms.ca/en/match-process/your-application/documents/medical-school-transcripts/
Medical Student Performance Record (MSPR)	http://www.carms.ca/en/match-process/your-application/documents/mspr/
Canadian citizenship documents	http://www.carms.ca/en/match-process/your-application/documents/canadian-citizenship-documents/
Letters of reference	http://www.carms.ca/en/match-process/your-application/documents/letters-reference/

Personal letters

<http://www.carms.ca/en/match-process/your-application/documents/personal-letters/>

Photograph

<http://www.carms.ca/en/match-process/your-application/documents/photograph/>

Examinations and assessments

<http://www.carms.ca/en/match-process/your-application/documents/examinations-assessments/>

Extra documents (e.g. CV)

<http://www.carms.ca/en/match-process/your-application/documents/extra-documents/>

Match Algorithm

CaRMS uses a computerized algorithm, known as the Roth-Peranson algorithm, to match students into postgraduate medical training programs throughout Canada.

How does it work?

The match algorithm compares rank-order-lists (ROLs) submitted to CaRMS by applicants and programs and matches applicants to programs based on both parties' stated preferences. ROLs submitted by applicants indicate a list of programs where they wish to train ranked in order of preference. Similarly, ROLs submitted by programs indicate a list of applicants they wish to train ranked in order of preference.

The algorithm is applicant-proposing, meaning it starts with an attempt to place an applicant into his or her most preferred program. In this way, the algorithm provides applicants with their best possible outcome based on the ROL submitted. At the end of the match process, each applicant is either matched to the most preferred choice possible from their ROL or all choices submitted by the applicant have been exhausted and they go unmatched.

Following the first iteration of the match, unmatched applicants can reassess their standing and apply to programs with unfilled positions in the second iteration. The same algorithm is applied to this second match.

Tips for creating your ROL

- The sequence of your rank order list should reflect your true personal preferences.
- Rank all the programs that are acceptable to you and do not rank any programs which you find unacceptable. Remember, a match result is BINDING and you are not able to decline a match result.
- Postgraduate programs are not permitted to ask you questions about your rank intentions and you are able to decline answering such questions.

Let's work through an example...

Imagine there are four applicants and four residency programs, each with one position.

Colleen is a strong candidate and is confident about her applications and interviews. She chooses to rank UBC Peds first as this is her preferred program but she also ranks the others, which she also finds acceptable. The program director at UBC Peds told her that she would be ranked highly. Candidates should be cautious of these statements, and they should not be considered commitments. **Colleen has chosen a wise strategy. Applicants should consider ranking all programs they would consider to maximize their chances of matching.**

Mel also prefers UBC Peds but thinks she has a low chance of getting in so she ranks it last. She leaves Dalhousie Family Medicine off her list because she thinks her interview went terribly, even though she would like this program. **These are both poor strategies. Applicants should rank programs in order of preference, and they should rank all programs to which they would consider matching.** Ranking should not be influenced by speculations of programs' rankings, as these may be inaccurate.

Cory decides after his interviews that he no longer wants to pursue a residency in Family Medicine or Internal Medicine so he leaves them off his list. **This is a wise strategy. You should only rank programs that you would consider.**

Barb really wants to go to NOSM for Internal Medicine but does not think her application is competitive enough. She ranks it first anyway because this is her preferred program and the other programs will never know she ranked them lower. **This is a wise strategy. During the match, an applicant is placed into the most preferred program that ranks the applicant. Always put your most preferred program as your first choice.**

Applicant Rank-Order Lists

Colleen Esterase
 1. UBC – Peds
 2. McMaster – Ortho
 3. Dalhousie – Family Med
 4. NOSM – Internal Med

Mel Ignant-Hyperthermia
 1. NOSM- Internal Med
 2. McMaster – Ortho
 3. UBC – Peds

Cory Za
 1. UBC – Peds
 2. McMaster – Ortho

Barb Orygmi
 1. Dalhousie – Family Med
 2. NOSM – Internal Med
 3. UBC – Peds
 4. McMaster – Ortho

Program Rank-Order Lists

UBC – Peds
 1. **Colleen Esterase**
 2. **Barb Orygmi**

McMaster Orthopedics
 1. **Colleen Esterase**
 2. **Cory Za**
 3. **Barb Orygmi**
 4. **Mel Ignant hyperthermia**

Dalhousie – Family Med
 1. **Mel Ignant hyperthermia**
 2. **Barb Orygmi**
 3. **Colleen Esterase**

NOSM – Internal Med
 1. **Colleen Esterase**
 2. **Cory Za**



UBC – Peds
 Colleen Esterase
McMaster – Ortho
 Cory Za
Dalhousie – Family Med
 Barb Orygmi
NOSM – Internal Med
 Unfilled

Second Iteration

If a candidate, like Mel Ignant-Hyperthermia, goes unmatched after the first iteration, they can participate in the second iteration of the R-1 match in CaRMS Online. They are not automatically enrolled in the second iteration. The second iteration is approximately five weeks in duration.

CaRMS will post a list of unfilled positions available in the second iteration. During this time, candidates can supplement any other documentation they require to apply for additional programs. Documentation that was previously uploaded will still be on file. Applications continue to be sent to programs through CaRMS Online.

Your faculty advisor may assist you during this stage of the process. Note that requirements vary from program to program and are subject to change during the second iteration. The most up-to-date requirements will be posted on carms.ca. Most notable is the short time frame within which the application must be submitted.

As in the first iteration, candidates are legally bound to their matched residency program.

Options for the Unmatched Candidate

If I do not match in the first iteration, do I have to apply for the second iteration?

No. An unmatched student from the first iteration has the choice to opt out of the second iteration and thereby delay entry into postgraduate training for one year. They can then enter the match again in the first iteration of the following year.

What if I go unmatched following the second iteration of the Match?

Should a candidate remain unmatched following the second iteration, he or she can choose to take part in what is referred to by medical students as the “Scramble”, or more formally, “post-match process”. During this time, students apply to participating programs through CaRMS Online. These positions are publicly available on CaRMS webpage.

Any candidate who goes unmatched should consult their undergraduate office to determine their options. This may involve discussing their career planning with a faculty advisor. Individual faculties may have a point-person who can help unmatched students strengthen their application for the following year. Options for the interim year can include an additional year of undergraduate medical education or a research fellowship before enrolling in the match the following year.

If the student chooses to apply to a program following the second iteration, students may need to contact individual schools to identify any available programs and apply directly through them. CaRMS facilitates document transfer through CaRMS Online for participating programs in the post-match process and posts a list of participating programs on their website, carms.ca. For additional information regarding CaRMS results on the Unmatched Candidate, see the Statistics section.

The Couples' Match

Overview

CaRMS' ranking tools allow two applicants to prepare and submit their ROLs as a couple. Using this option, each program desired by one partner can be paired with a program desired by the other partner, and a single ROL composed of these pairings will be used.

To have a successful match, both programs on the top pairing must match with both applicants. If not the algorithm moves down to the next preferred pairing, until both partners match.

Note: By pairing their choices, couples may be limiting their individual chances of a successful match because each partner depends on the other for the match results.

Let's work through another example¹...

Imagine a couple, Colleen Esterase and Cory Za, who decide to try matching as a couple.

Step 1: Each partner should prepare his/her own individual list of preferred programs on a separate sheet of paper.

Colleen Esterase

- 1) McMaster Peds
- 2) UBC Peds
- 3) MUN Peds
- 4) Dalhousie Peds
- 5) Western Peds

Cory Za

- 1) McMaster Ortho
- 2) UBC Ortho
- 3) Western Ortho
- 4) MUN Ortho
- 5) Dalhousie Ortho

Step 2: Both partners must decide together what PAIRS of programs they are prepared to rank.

Couples may consider all the possible pairings where the programs are in the same general location or they may also wish to form some pairs where the programs are not in the same location. One rank in a pair may be designated as "No match" to indicate that one partner is willing to go unmatched if the other can match to their preferred program.

<u>Colleen Esterase</u>	<u>Cory Za</u>
1. McMaster Peds	McMaster Ortho
2. McMaster Peds	Western Ortho
3. Western Peds	McMaster Ortho
4. Western Peds	Western Ortho
5. UBC Peds	UBC Ortho
6. MUN Peds	MUN Ortho
7. MUN Peds	Dalhousie Ortho
8. Dalhousie Peds	MUN Ortho
9. Dalhousie Peds	Dalhousie Ortho
10. McMaster Peds	No match
11. No match	McMaster Ortho
12. UBC Peds	No match
13. No match	UBC Ortho

¹ <http://www.carms.ca/wp-content/uploads/2014/10/couples-ranking-example.pdf>

Note: A couple may choose to rank only some or all possible combinations of their programs. Ranking more pairings will reduce the chance that partners go unmatched. However, unacceptable pairings should be omitted from the list.

Step 3: Next both partners must decide together the order in which these pairs are preferred. Each partner must then enter his/her side of the list independently into the online system.

The couple might have a final list of paired programs like the one below.

Colleen Esterase	Cory Za
1. McMaster Peds	1. McMaster Ortho
2. UBC Peds	2. UBC Ortho
3. McMaster Peds	3. Western Ortho
4. MUN Peds	4. MUN Ortho
5. Dalhousie Peds	5. Dalhousie Ortho
6. Western Peds	6. Western Ortho
7. MUN Peds	7. Dalhousie Ortho
8. Dalhousie Peds	8. MUN Ortho
9. Western Peds	9. McMaster Ortho
10. McMaster Peds	10. Dalhousie Ortho
11. McMaster Peds	11. UBC Ortho
12. McMaster Peds	12. MUN Ortho
14. UBC Peds	14. McMaster Ortho
15. UBC Peds	15. Western Ortho
16. UBC Peds	16. MUN Ortho
17. UBC Peds	17. Dalhousie Ortho
19. MUN Peds	19. McMaster Ortho
20. MUN Peds	20. UBC Ortho
21. MUN Peds	21. Western Ortho
23. Dalhousie Peds	23. McMaster Ortho
24. Dalhousie Peds	24. UBC Ortho
25. Dalhousie Peds	25. Western Ortho
27. Western Peds	27. UBC Ortho
28. Western Peds	28. MUN Ortho
29. Western Peds	29. Dalhousie Ortho
13. McMaster Peds	13. No match
18. UBC Peds	18. No match
22. MUN Peds	22. No match
26. Dalhousie Peds	26. No match
30. Western Peds	30. No match
31. No match	31. McMaster Ortho
32. No match	32. UBC Ortho
33. No match	33. Western Ortho
34. No match	34. MUN Ortho
35. No match	35. Dalhousie Ortho

Once you have listed all your couples rank options, each individual can choose to continue ranking programs to maximize individual match opportunities.

A rank of ‘No match’ should only be used if the couple agrees that one partner matching is a more acceptable result than neither partner matching. For example, using the pattern below, both individuals from the pair are given the same opportunity for their best-case match result as an applicant who submits an individual rank order list.

For example, if Colleen’s best match opportunity was Western Peds (her fifth choice) and Cory’s best match opportunity was McMaster Ortho (his first choice), they would match at rank 9. However, if Colleen was not ranked by any programs or ranked behind other candidates and all positions were filled, and Cory’s best match opportunity was McMaster Ortho (his first choice), they would match at rank 31, giving both partners the match result they would have received if they had submitted individual rank order lists.

2. DATES AND MILESTONES

Disclaimer: The information below was taken from the CaRMS website and is subject to change without notice. For the most updated deadlines, please visit the CaRMS website at <http://www.carms.ca/en/residency/r-1/>

General Information

All fourth year students applying for entry into postgraduate medical training programs will be going through the R-1 Main Residency Match.

The R-1 Main Residency Match is divided into the first and second iteration. Below is important information pertaining to both, which will be essential for you to consider through the application process.

First Iteration

Registration for new prospective applicants can be done as of **August 9, 2016**.

The online CaRMS portal will open as of **September 1, 2016 at 12:00 (noon) ET**. All CMG applicants and others will receive an email with information on how to log into CaRMS online and begin their applications. If you already have an account from a previous match, you can log into using your existing username and password.

Program selection can occur starting **October 13, 2016 at 12:00 (noon) ET**. This includes selecting programs and assigning requested documents.

November 4, 2016

Milestone 1: documents sent by mail.

- If you or your university are sending hardcopy documents to CaRMS document center (MSPRs and transcript, not including reference letters), they should arrive by this date to guarantee they will be processed into your account before November 22 when programs start reviewing applications.
- Document status can be verified through the **Document Tracking** section in CaRMS Online.
- **Translation requests** –You must make requests to translate your transcript, MSPR and letters of reference through CaRMS Online by this date, before 17:00ET.

November 10, 2016

Milestone 2: physiciansapply.ca examination information and document transfers.

- All MCC examinations info and documents must be shared in the **physiciansapply.ca transfers** section on CaRMS Online, to make sure the exam standings, scores, and documents are retrieved from the MCC before file review begins on November 22.
- For IMG applicants, document transfers should be made by this date.

November 18, 2016

Milestone 3: Reference letters sent by mail

- If referees are sending hardcopy reference letters by mail, then they need to ensure they arrive at the CaRMS Document Centre by this date to guarantee they will be processed into CaRMS Online application before reference letters are available for programs to review on **November 29**.

November 22, 2016 at 12:00 (noon) ET

Application and document assignments

- Applications and all required document assignments to programs (excluding reference letters) must be completed before opening of file review on **November 22, 2016 at 12:00 ET** to be considered on time
- Any reference letters assigned to programs will NOT be available for review until **November 29, 2016 at 12:00 (noon) ET**, to allow maximum time for them to be sent to CaRMS

November 22, 2016 at 12:00 (noon) ET

File review begins

- Programs have access to all submitted applications and documents.
- Programs will review applications and communicate with applicants to schedule interviews

November 29, 2016, at 12:00 (noon) ET

Deadline – Letters of reference

- LOR must be assigned to programs by today. The LOR are now available for programs to review. Any letters assigned after today will be time-stamped as late.

January 14 – February 5, 2017

National Interview Period

- Interviews for current-year Canadian medical school graduates from out-of-town universities are conducted during this three-week period
- IMG and applicants interviewing at their own schools are coordinated separately with no specific national time period.

January 26, 2017 at 12:00 (noon) ET

Ranking period begins

- Applicants and postgraduate programs are now able to begin creating their rank order lists
- Tips for creating rank lists are available at: <http://www.carms.ca/en/match-process/your-application/match-tips/ranking/ranking-applicants/>

February 16, 2017 at 15:00 ET

Deadline – Rank order lists

- Applicants must have their rank order list submitted through CaRMS Online by 15:00 ET. This deadline is firm: no rank order lists can be submitted after this time.

Note: You are able to modify your submitted list, but you must re-submit the list before the deadline.

March 1, 2017 at 12:00 (noon) ET

Milestone 4: Match Day

- Match results for the 2017 R-1 match are available through CaRMS Online.

May 9, 2017 at 15:00 ET

CaRMS Online closes

- CaRMS Online closes for the 2017 R-1 Main Residency Match.

Second Iteration

January 5, 2017 at 12:00 (noon) ET

CaRMS Online opens

- All applicants who have registered will be sent an email.

February 8, 2017

Milestone 1: physiciansapply.ca examination information and document transfers

- All MCC examinations info and documents must be shared in the *physiciansapply.ca transfers* section on CaRMS Online, to make sure the exam standings, scores, and documents are retrieved from the MCC before file review begins on March 9.
- For IMG applicants, document transfers should be made by this date.

February 9, 2017

Milestone 2: Translation requests

- Translation requests for your transcript, MSPR and letters of reference must be made by this date.

March 3, 2017 at 12:00 ET

Program selection

- A list of unfilled positions becomes available on carms.ca and applicants are able to begin selecting programs they wish to apply to.
- Program descriptions for all programs that are participating in the second iteration are also available on carms.ca

March 7, 2017

Milestone 3: Documents sent by mail

- If you or your university are sending hardcopy documents to CaRMS document center (MSPRs and transcript, not including letters of reference), they should arrive by this date to guarantee they will be processed into account before **March 9, 2017** when programs start reviewing applications.
- Document status can be verified through the *Document Tracking* section in CaRMS Online.

Reference letters submitted by mail or online

- If referees are sending reference letters by mail or uploading them through CaRMS Online, then they need to ensure they are sent or uploaded by this date to guarantee

they are available in your application for you to assign to programs before file review on March 9.

March 9, 2017, at 12:00 (noon) ET

Application and document assignments

- Applications and all required document assignments to programs must be completed before the opening of file review on **March 9, 2017 at 12:00 (noon) ET** to be considered on time

Note: Some programs will not review late applications or a document that arrives late. We encourage you to review program descriptions to ensure programs will review your application if it is submitted after file review has begun.

March 9, 2017 at 12:00 (noon) ET

File Review begins

- Postgraduate programs will now have access to all submitted applications and documents. They will review applications and communicate with applicants to schedule interviews.
- There is no formal interview period for the second iteration of the match.

March 16, 2017 at 12:00 (noon) ET

Ranking period begins

- Applicants and postgraduate programs are now able to begin creating their rank order lists
- Tips for creating rank lists are available at: <http://www.carms.ca/en/match-process/your-application/match-tips/ranking/ranking-applicants/>

March 30, 2017 at 15:00 ET

Deadline – Rank order lists

- Applicants must have their rank order list submitted through CaRMS Online by 15:00 ET. This deadline is firm: no rank order lists can be submitted after this time.

Note: You are able to modify your submitted list, but you must re-submit the list before the deadline.

April 12, 2017 at 12:00 (noon) ET

Match Day

- Match results for the second iteration of the 2017 R-1 match are available through CaRMS Online.

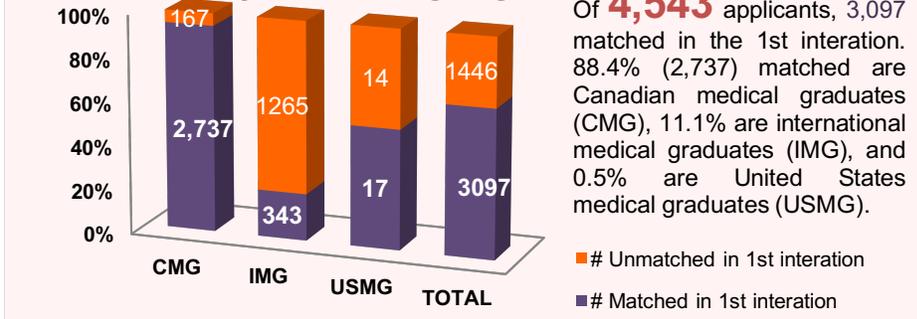
May 9, 2017 at 15:00 ET

CaRMS Online closes

- CaRMS Online closes for the 2017 R-1 Main Residency Match.

3. STATISTICS

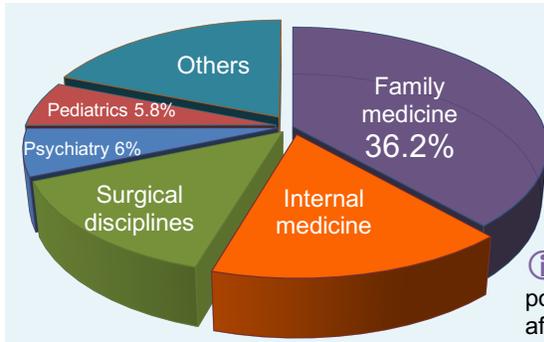
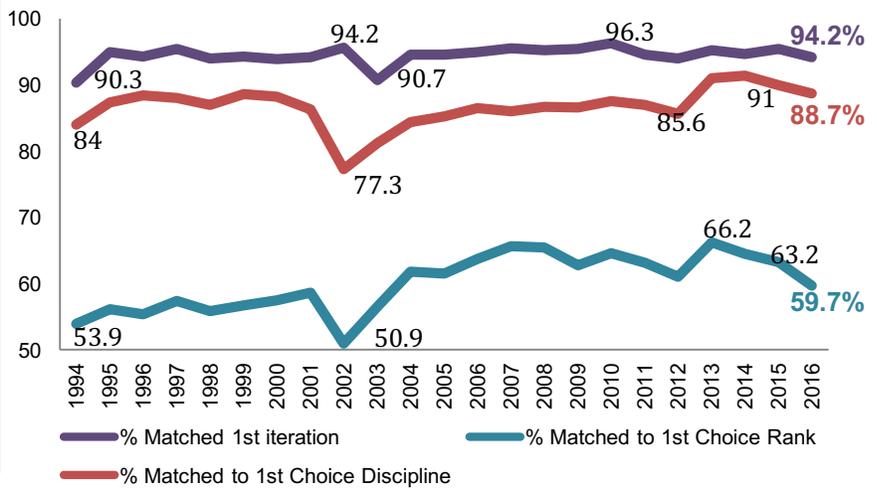
2016 Residency Match Highlights



1.9 = Average # of disciplines applied to
17.7 = Average # of programs applied to
1.02 = Ratio of participation to positions available

% quota filled after 1st iteration (total quota)

- Internal medicine: 96% (457)
- General surgery: 98% (88)
- Orthopedic surgery: 98% (53)
- Otolaryngology: 100% (29)
- Plastic surgery: 100% (23)
- Urology: 100% (33)
- Psychiatry: 94% (179)
- Pediatrics: 100% (136)
- Anesthesiology: 100% (106)
- Emergency med: 100% (68)
- OB/GYN: 99% (81)
- Diagnostic Radiology: 88% (83)
- Dermatology: 100% (28)



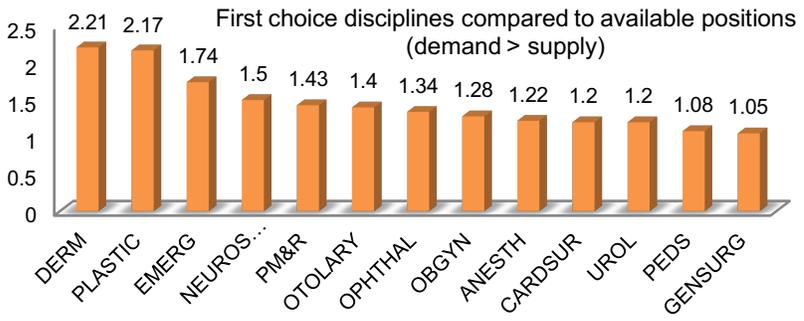
Family medicine was the top preferred choice of discipline, followed by internal medicine, surgical disciplines, psychiatry, and pediatrics.

i 97.3% family medicine positions were filled (92.1% after 1st iteration)

98.3% current year Canadian medical graduates **matched** in the first and second iterations.

88.7% matched to their **first choice discipline**. A decrease in matching to first choice discipline is seen in the last 2 years: 91.4% in 2014, 90% in 2015.

96% of applicants who entered couples match were matched (includes couples that matched only one partner)



CMG Match Percentages in 1st Iteration to 1st Choice Discipline

Discipline	1st choice 2016	1st choice 2015	1st choice 2014	1st choice 2013
Anatomical Pathology*	100% (19/19)	92%	91%	100%
Anaesthesia	73% (102/139)	71%	73%	77%
Cardiac Surgery*	75% (9/12)	89%	60%	72%
Dermatology	44% (28/64)	51%	49%	66%
Diagnostic Radiology	88% (67/76)	74%	82%	83%
Emergency Medicine	50% (65/129)	56%	66%	68%
Family Medicine	96% (1013/1050)	96%	95%	97%
General Pathology*	75% (3/4)	100%	100%	100%
General Surgery	79% (77/98)	85%	85%	68%
Hematological Pathology	100% (1/1)	-	-	-
Internal Medicine	88% (388/440)	95%	94%	95%
Laboratory Medicine*	100% (4/4)	33%	n/a	100%
Medical Genetics*	100% (3/3)	100%	100%	100%
Medical Microbiology*	64% (7/11)	100%	75%	75%
Neurology	90% (38/42)	79%	97%	94%
Neurology - Pediatric*	75% (6/8)	83%	100%	71%
Neuropathology*	-	100%	-	100%
Neurosurgery*	67% (16/24)	88%	80%	77%
Nuclear Medicine*	67% (4/6)	50%	100%	100%
Obstetrics/Gynecology	70% (76/109)	73%	78%	76%
Ophthalmology	69% (38/55)	74%	68%	75%
Orthopedic Surgery	87% (48/55)	76%	88%	82%
Otolaryngology	69% (29/42)	62%	77%	66%
Pediatrics	75% (125/167)	80%	77%	78%
Physical Med & Rehab	60% (24/40)	76%	85%	94%
Plastic Surgery	46% (23/50)	53%	47%	52%
Psychiatry	88% (153/173)	88%	86%	94%
Public Health*	78% (14/18)	57%	82%	69%
Radiation Oncology*	100% (15/15)	94%	100%	88%
Urology	64% (27/42)	81%	72%	70%
Vascular Surgery*	75% (6/8)	62%	78%	67%

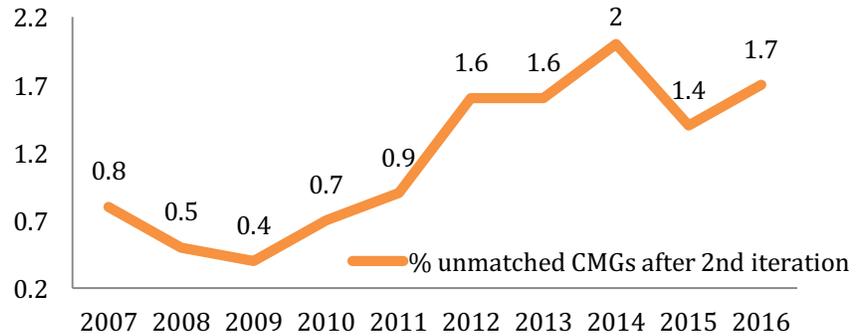
*: Fewer than 20 applicants indicated this specialty as their first choice discipline this year. Match percentages may vary greatly from year to year due to the small number of applications.

Note: For more detailed information on the 2016 R-1 Residency Match Results, please visit <http://www.carms.ca/en/data-and-reports/r-1/reports-2016/>.

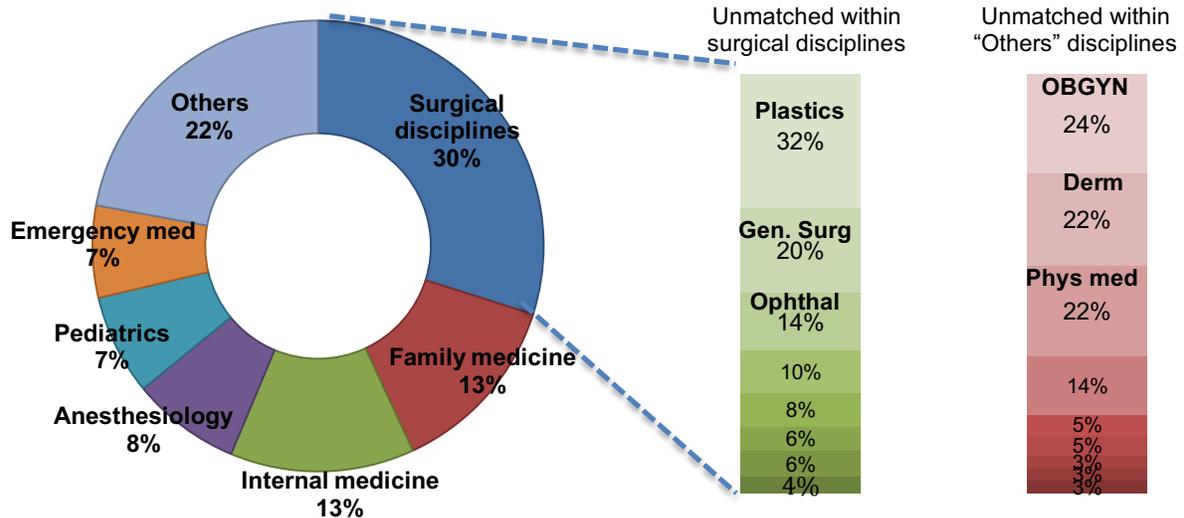
The Unmatched Candidate

1.7% of the 2,904 current year CMGs went unmatched after second iteration of the 2016 Match.

From 2015 to 2016, CMG participation increased from 2,862 to 2,904. The CMG quota decreased from 2,984 to 2,971.



A total of **51 positions were unfilled** after 2nd iteration. Of which, the majority were in Family Medicine (41). There were 2 unfilled positions each in anatomical pathology, medical genetics, and hematological pathology. There was 1 unfilled position each in medical microbiology, neurology, neuropathology, and medical biochemistry.



Of the **167** current year CMGs who went unmatched in the 1st iteration, 30% (n=50) applied for a surgical discipline as their first choice, followed by family medicine as first choice (13%), and internal medicine (13%).

Of the 50 unmatched CMGs who applied for a surgical discipline as their first choice, 32% (n=16) applied to plastic surgery as their first choice, 20% (n=10) to general surgery, and 14% (n=7) to ophthalmology. 10% applied to neurosurgery, 8% to otolaryngology, 6% to orthopedic surgery, 6% to urology, 4% to cardiac surgery.

Of the 37 (22%) unmatched CMGs in the 1st iteration, 24% (n=9) applied to obstetrics and gynecology as their first choice, 22% (n=8) to dermatology, 22% (n=8) to physical medicine and rehabilitation. 14% applied to psychiatry, 5% to radiology, 3% to neurology, 3% to nuclear medicine, and 3% to public health and preventive medicine.

4. TIPS FROM RESIDENTS

Pre-CaRMS match

Choosing your Discipline

“When trying to choose a specialty, don't just look at the specialty itself but look at the specialists in that area who you've encountered. Do you see yourself fitting in with this group? Do their personalities and interests align with yours? Do you want to work with these people for the rest of your life? Often the answers to these questions will help you choose your career path more clearly than looking at the work itself.”

Ophthalmology Resident, UBC

“When choosing a career, don't choose based on the most interesting aspects of a specialty because everything, to some extent, is interesting. Choose based on your ability to tolerate the most trying aspects of a specialty.”

Anonymous Resident

“It is never too late to change for most specialties! Envision yourself doing that specialty for 5, 10, 20 years down the road. You should work to live not live to work is something you need to think about.”

Family Medicine Resident, R-1

Building your Dossier

“Whatever you are doing to prepare yourself for a program, whether it is research or volunteer work, make sure that you are passionate about it and care about it. If you do research for resume purposes, it will show in the interview process that the passion is lacking. Pick it because you love doing it, not because someone told you to do it or because you felt it would look good on an application. I approached ophthalmology because I love doing humanitarian stuff. I have very little research, even though research is very good for this specialty. I approached it using a different angle and showed my passion towards humanitarian trips and why I would love ophthalmology. If they like you and see you are fit for the program, you will get it. If you are pretending everything, you will be miserable for yourself for the next five years.”

Ophthalmology Resident, R-1

“Research projects that are submitted to a journal, even if not accepted/reviewed yet, carry a lot more weight on your CaRMS application than those that are not submitted yet. If at all possible, try to at least get your papers submitted to a journal before the CaRMS deadline so you can include them on there.”

Ophthalmology Resident, UBC

Tips for Clinical Rotations

“Too often people miss out on opportunities to customize their own learning. Is there a particular presentation you want to see? Let people know. Is there a technical skill you want to try? Study up on it and ask the attending if it would ever be possible for you to try.”

Anonymous Resident

“Pack your breakfast the night before if you have morning rounds or teaching. That way you can sleep in the amount of time it would take you to make and eat breakfast, and then eat when you get to the hospital.”

Anonymous Resident

“People rarely miss pages when they are asleep, as the pagers are pretty loud and you can choose from a variety of different alerts. Always check if your pager is on silent or vibrate when you are getting a general pager that is transferred between clerks.”

Anonymous Resident

Although it may not feel like it, medical students play a big role in health care and patient management. I've been working with an elective student who is keen to learn, not afraid to ask questions, helps out with rounding, etc. Being willing to help out with any type of work makes a world of difference and does not go unnoticed.

Orthopedics Resident, R-1

As a clerk, I sometimes found myself doing tireless, mindless work that made me wonder why I was in medicine. But that work is work you have to learn to do whether as a medical student or a resident and we should always remember that the goal is take care of patients.

Orthopedics Resident, R-1

Number one I would say to make sure to take care of yourself. I know of so many students who gave up the things they were passionate about during clerkship, and while time is not in abundance you will be so much better at your work if you are happy. So take time to go for a run, have dinner with a friend, or finish your latest art project. You will have more energy for the wards, and will be a much more interesting person to talk to for it!

Internal Medicine Resident, PGY1

Elective Choice

“My first elective was two blocks of two weeks as opposed to one elective four weeks. So within the first month I had two flavours of orthopaedics instead of just one flavour, because electives can be staff dependent and exposure dependent.”

Orthopaedics Resident, R-1

“Inform yourself as to the expectations of the program and location to which you'd like to match; you need to know what they prefer in terms of the quantity of electives in their specialty and the need for doing electives in their location in order to be considered.”

Family Physician in Oncology, NOSM

“Don't think that you need to do all your electives in a specific discipline to make yourself a strong candidate. Doing different electives provides breadth and frequently makes candidates more informed about what's out there.”

Anesthesiology, McMaster

“Pick electives for your CV but you also need to think about your own education and having a well-rounded background that allows you to be able to address issues your patients might have.”

Neurology Resident, R-1

“I wanted to try different programs so I went from coast to coast. This also showed programs that I was willing to travel anywhere and go to school anywhere just to be doing what I love.”

Internal Medicine Resident, R-1

“I turned to residents who recommended that I make sure to get Ophthalmology electives across the country. I chose high-yield locations, based on smaller, centralized programs where I get to meet a lot of the staff and resident. It is important, because the residents have quite a bit of say as far as the interviewee selection is concerned. I wanted to spend as much time as possible with residents (R3 and R4), who will be on the committee of selecting interviewees.”

Ophthalmology Resident, R-1

Duration of Electives

“With more time during your elective period, you can better feel how it would be if you really work there. You need to build work relationships and at the same time, if you last four weeks, the staff are more likely to remember you and write a better letter of reference, especially in surgical disciplines where you start to do more towards the end.”

Orthopaedics Resident, R-1

“Some say that the first week you are lost, the second week you start to get it, the third week you are a rockstar and the fourth week is like: “What are you doing there?” I used the fourth week to show that I belong and re-emphasize my motivation of being there to the staff and residents. I am still here, I am working hard and I want to come.”

Orthopaedics Resident, R-1

“It depends on what you are going for. I was interested in staying in Ontario so I prioritized exposure to places I wanted to rank. For the 2-week electives, you may get unlucky and have one preceptor per week. This can be problematic if the rapport is poor and then it can impact the reference letter.”

Internal Medicine Resident, R-1

“Centres are impressed when you spend a longer time. If you spend more than two weeks, it looks good. At the same time, you don't get to see as many centers, so you might not have the whole picture about the specialty.”

Neurology Resident, R-1

“Securing an interview is a lot easier if they’ve seen you before, even if you only did two weeks. Because the locations I chose are centralized, two weeks were enough to see the staff and residents.”

Ophthalmology Resident, R-1

“My rationale was to try as many schools as possible. This didn’t always work in my favour since I ended up changing schools and hospitals and it will hard to get used to a new place. But I did to see how many different teams function in order to understand where I would fit in best.”

Internal Medicine Resident, R-1

Other Electives Advices

“Most of your interviews happen during electives, and afterwards they already know whether or not they like you. The interview is just to confirm if you are suitable for them. Try to perform well during electives. If you did well, it will be all great.”

Neurology Resident, R-1

“For emergency medicine, the rotation is one of the first time students get to be autonomous. Have conversations with staff and see whether or not you tolerate 6 weeks of shift work. Also, a problem with emergency med is burnout, so stay healthy”

Emergency Medicine Resident, R-1

Paperwork

General Advice

“Don't get stressed out about CaRMS! It seems like a much more daunting process than it will be; while choosing a specialty is (obviously) a big task, the process of CaRMS is relatively simple and straightforward. Do your best to stay organised with various tasks (CV, personal statements, letters of reference) and you'll find that the CaRMS process is much more manageable than you were expecting.”

Ophthalmology, UBC

“Get as many opinions as you can from people that have both gone through CaRMS AND ranked applicants for CaRMS.”

Emergency Medicine, U of S

“Throughout medical school, keep your CV up to date. The fall of your final year of clerkship can be extremely busy with CaRMS applications and this is the one thing you can get out of the way before the whole process begins.”

Pediatrics, McMaster

“Follow your gut feeling. Go with the flow. It’s also about accepting that you might get what you want, because if they didn’t choose you, it’s not because you are not good, but you might not be the person they want to work with. You may be incompatible with the program. Try to be flexible in your style and versatile, so that programs think you are someone nice to work with.”

Orthopaedic Surgery Resident, R-1

Reference Letters

“To know if you are getting a strong vs. weak letter, some people wait to see their evaluations and then ask the staff: “Your evaluation for me was very good, can you say that in a reference letter?” You could ask if you can get a strong letter. Most staff knows what you are talking about.”

Orthopaedics Resident, R-1

“You kind of just feel their personality and get a sense of whether or not they have liked you. I specifically asked them if they felt they could write me a strong reference letter. If I noticed they start hesitating a little bit, even if they said yes, I wasn’t going to use them.”

Ophthalmology Resident, R-1

“Basically, whenever I had an evaluation that was good or when someone offered me a letter of reference, I would just say yes. Worst comes worst, I will simply not use them. You really want to use the letters of reference from someone who is enthusiastic about your application.”

Neurology Resident, R-1

“It’s important to get a letter from someone who you click with rather than someone who is important but is ambivalent about you.”

Internal Medicine Resident, R-1

“A strong letter from another school is better than a weak one from the prospective program you want to get into.”

Internal Medicine Resident, R-1

“Some letters were lost to follow-up at one point. You need to foresee this problem. Come prepared with an envelope and your CV to facilitate the job of referees...Always send reminders (but preceded with good reasons so that they don’t get annoyed).”

Orthopaedics Resident, R-1

Personal Statement

“Have a generic about why you want to go to this specialty. Then have a section about what the city is like, how do you like the program in particular, so that they don’t feel you just copy-pasted everything.”

Orthopaedics Resident, R-1

“I used the basic format of introduction, rationale, and conclusion. Can’t go wrong with that one.”

Internal Medicine Resident, R-1

“It’s best to have a story. For example, how did you become interested in that specialty? Then link this story line with what you like about that specialty. Then talk about your vision (i.e. how you see yourself in that specialty). Always personalize the personal statement for each center (why that center in particular).”

Neurology Resident, R-1

“Get started on your personal statements early. When writing, make sure you are answering the questions or addressing the points that the program wants to hear about; some programs are very specific. Most importantly, when you're assigning your documents, make sure you assign your personal statements to the correct programs; there's nothing quite like reading about how amazing general surgery is, when the student is applying for emergency medicine.”

Kaif Pardhan, U of T

“Each school has a different criteria for personal statements, some different, some similar so you have to make sure you hit all the questions they ask. You can't copy and paste. Add a personal touch if you can.”

Internal Medicine Resident, R-1

“Whether you are writing your personal statement or answering questions in an interview, don't ever think about what your audience might want to hear. Even though it sounds trivial, try to convey your unique personality and talk about what you've done that makes you interesting. This is what will set you apart.”

Ophthalmology Resident, UBC

“I had multiple residents from multiple programs reading my personal statement and see if they can add or tweak it. That was a huge benefit for me. You need to connect with them during electives and keep in touch with them. You need to build relationships.”

Ophthalmology Resident, R-1

Adapting your Personal Statement for each School

“I discuss why I would like to study in that program specifically. I try to find things that are unique in that program, which you don't find in other programs. Try to link your interests and your personality. You have to convince every program.”

Neurology Resident, R-1

“The bulk of the personal statement is the same across the programs. The last paragraph is where I talked about the reasons why I wanted to come to their program and how I felt I could add strength to that program and how I felt the program could help me to reach my goals.”

Ophthalmology Resident, R-1

“Any personal connections are nice. For the sites where I didn't do an elective, I could say that upon discussion with my friend, Dr. X, a previously graduated student from my school, he told this and this and that. This reinforced the fact that you know someone there, you belong in that program.”

Orthopaedics Resident, R-1

Additional Electives after CaRMS Deadline

“I suggest doing the relevant electives before the deadline. But if you feel like you could do more electives in your field of interests, or if you change your mind at the last minute, then of course it is better to have more electives than none.”

Neurology Resident, R-1

“Doing an elective in a location just before interviews could be very beneficial, as long as I was not seeking any letter of references.”

Ophthalmology Resident, R-1

“You can do additional electives for sure, but make sure that they are relevant to the program/specialty you want and can justify why you did them.”

Internal Medicine Resident, R-1

Interviews

Booking your Interviews

“Don't wait until the last minute to book your interviews- almost all are first come first served. Check the CaRMS website and program descriptions for their list of potential interview dates as your invites come in to avoid conflicts when RSVP for interviews.”

McGill MSS SPCI CaRMS Guide, 2015

“I did not decline any interview offers. I accepted a lot of interviews in programs before the interview that really mattered to me, as a way to practice. I dropped the interviews that were after the important one, because they were low-yield.”

Orthopaedic Surgery Resident, R-1

“Accept as many interview invitations as is financially possible for you as all the interview practice you can get is useful, and some programs that you hadn't seriously considered could pleasantly surprise you.”

McGill MSS SPCI CaRMS Guide, 2015

“There is no better practice for interviews than an interview. The first one is always a bit problematic. By the second one, you start to get used to it. By the third one everything should fall in place. The rest is just repeats. Try to have a few interviews before. Accept interview offers before the big one just for practice.”

Orthopaedic Surgery Resident, R-1

Travelling Advice

“Look at Airbnb for less expensive accommodations. Be sure to verify association discounts to save money on plane/train tickets, car rentals, hotels (e.g. CFMS, CMA/QMA). Keep an eye out for holiday fare deals during the Christmas/New Year period that apply to January – you can save up to 30-40% on fares sometimes! Try to schedule your interviews geographically.”

McGill MSS SPCI CaRMS Guide, 2015

“If travel planning for a very tight schedule e.g. a city a day, call the program assistant as soon as you are able to book a flight to let them know when you are leaving their city. This way they will adjust your interview time to allow travel to airport and catching the social in city #2 the same evening.”

McGill MSS SPCI CaRMS Guide, 2015

“If interviewing broadly, pack clothes for the socials so that they range from fancy dinner level to Saturday night pub casual. Socials can be held in expensive restaurants, hotels, department head’s houses, pubs as well as hospitals, so be prepared.”

McGill MSS SPCI CaRMS Guide, 2015

“Having a good friend who was on the interview tour with me was helpful, as we discussed about relevant things regarding the interviews.”

Ophthalmology Resident, R-1

How to Prepare for your Interviews

“I did some workshops by the CMA to prepare for my interviews. A week before the interview, I was put into groups of four and there were residents doing a mock interview with us. We got feedbacks and saw the interviews of other applicants. I could see what was working and what was not working.”

Neurology Resident, R-1

“There are a lot of interview questions you can find through the career advisor or googling common interview questions. For instance, why should we choose you? I prepared for those types of questions by practicing with a friend and writing down my thought processes for each question.”

Neurology Resident, R-1

“Recall patient and teamwork encounters. [...] Use someone outside medicine to have a different perspective.”

Paediatrics Student Interest Group

“There is no book or resources I used to prepare for interviews. I turned heavily to residents, especially R-1s in my university, who just got matched. I met them at their home and had dinner. They gave me a list of things to be aware of. For instance, there are common questions staff will ask you. The goal is not to answer what they’ve answered, but to better understand who I am.”

Ophthalmology Resident, R-1

“Some interviews are conducted in the Multiple Mini Interviews format which tend to have a lot of ethical scenarios (e.g. truth telling, confidentiality) – could be a good idea to review these before the tour.”

McGill MSS SPCI CaRMS Guide, 2015

“The CFMS website was good because it has interview questions from previous years. I also looked up resources online, like tips from previous med students about where to stay, how to pack. For interviews themselves, practice! It’s a matter of being comfortable.”

Family Medicine Resident, R-1

“Preparation for Interviews: Find residency interview questions, brainstorm, practice over and over, think about life experiences to have them available, find specific examples for each question (strength, weaknesses, conflict, failures, why here, why this specialty, why you, ethical questions)”

Neurology Student Interest Group

“The best resources for interviews are your resume, which you need to know very well and which you can talk about with passion. You need to have something substantial to say about your resume.”

Ophthalmology Resident, R-1

“The goal of preparation is to have easy and accessible answers that you can keep in your mind. You need it to be accessible because nervousness can make you lose focus. You want to know what values you want to focus, how are you going to plug them in, how are you going to make it sound nice, because in every story you can stumble on some details that are not really good, so you want to skip them. It is not about knowing every single sentence you want to say, but more or less knowing where you are going with that story.”

Orthopaedic Surgery Resident, R-1

During the Interview

“Be ready for a formal interview but also for a very casual conversation.”

Neurology Student Interest Group

“Don’t be afraid to show them who you are.”

Family Medicine Resident, R-1

“The interview is about you interviewing them as much as them interviewing you.”

Emergency Medicine Resident, R-1

“Always be yourself, but if you practice it will better show who you are. During the interview, you just need to believe in what you are saying in the sense that, if you really mean it, and you really feel strongly about what you are saying, it is going to show and won’t appear to be rehearsed.”

Neurology Resident, R-1

“People who interview you have done it for years. Scripted answers are very boring. They want something personal.”

Ophthalmology Resident, R-1

“Don’t let one bad experience get you down.”

Internal Medicine Resident, R-1

“Try to avoid stereotypes and generalities that are often associated with a speciality. Instead, look at the question in a way that you think would be different from what others might answer. Try to go deeper in the answer. Try to be genuine.”

Neurology Resident, R-1

“For my interviews, I like to have a very key phrase that would sum up everything I just said. I would tell a story, then I do a recap and sum up what I’ve learned from it.”

Orthopaedic Surgery Resident, R-1

“To distinguish yourself during interviews is to be yourself. If all applicants follow a template, you need to be set apart. When answering questions, keep in mind who you are, because that’s what they want to see and they will work with you for the upcoming years.”

Ophthalmology Resident, R-1

“I tried to take the interview very casually, very easy-going, very smooth. It is sometimes not just about what you say but how you say it. A lot of gestures and non-verbal cues are important to pick on. Keep eye contacts, provide re-emphasis, make it dynamic and short, answer the question right.”

Orthopaedic Surgery Resident, R-1

“The questions are very typical and predictable. But sometimes you have to be prepared to talk about stuff you weren’t prepared for. There was a question about bungee jumping because I wrote it once in my CV and it caught the attention of interviewers.”

Orthopaedic Surgery Resident, R-1

Asking the Right Questions during the Interview

“Don't forget that CaRMS is as much about you interviewing a program as a program interviewing you. Consider what you would like in a program that you match to, and ask those questions at your interview. Jot down the answers the evening after you interview - this will be so helpful when you're having to rank 10+ programs after the whirlwind tour.”

Anonymous Resident

“Always have questions ready before going in the interview. Try to look at the program description the day before the interview, and avoid asking things that you could find online. At the end of the interview, I would ask questions which I am actually interested in knowing the answer, instead of just to try to fill in time. For instance, why did the residents choose their programs, what are the strengths of the programs, where do their residents come from (across Canada or locally), what are the research opportunities during residency, are there any mentorship programs, community outreach programs, any changes upcoming for the programs, what do residents usually end up doing upon graduation?”

Neurology Resident, R-1

“I have a baby, so I wanted to know what it is like to raise kids in that city. I think that is relevant to the staff, who would see that I am actually seriously thinking about being in that city.”

Ophthalmology Resident, R-1

“For questions at the end, you have to find something you want to pursue during residency and make it sound like you are shopping for residency. For example, “is there a possibility to do MD/PhD during residency?” I asked about things I want to do during residency (electives abroad), resources to community. One good question is asking if there is an apprenticeship program, a mentorship program during residency.”

Orthopaedic Surgery Resident, R-1

“I think asking questions is very important but it’s hard to come up with questions since most of the ones that you think of, they answer throughout the tour anyway. But you can always ask things that you are interested in, like if you want to join some teams during residency, you can ask if they have any leagues or if their residents are active in the sport you are interested in. This may lead to conversations about things you have in common with interviewers and then help make you more memorable and give the sense that you fit in.”

Internal Medicine Resident, R-1

“You can also ask questions based on what you learned during the social events before the interview, to show you know more than what is on the website. You can also ask program directors what they are excited about and what is coming up, to see for yourself if they are forward thinking.”

Emergency Medicine Resident, R-1

After the Interview

“Write your impressions after every visit/interview.”

Paediatrics Student Interest Group

“Socials are important chance to get to know people in the program, ask questions etc.”

Neurology Student Interest Group

“Interview process is usually more tiring than expected (Plane, Social, sleep, Interview, plane, and repeat).”

Neurology Student Interest Group

Post-CaRMS match

Rank Order List

“Any school you’re willing to match to, rank.”

McGill General Surgery Student Interest Group

Rank what you want first, not what you think you have better chances of matching

McGill Neurology Student Interest Group

“Do a pros-cons list for each place you interviewed at, and include features not just related to the program including the city, the people, and any features that are individually important to you (e.g. presence/absence of a culture or community you identify with, family/friends, outdoor activities).”

McGill MSS SPCI CaRMS Guide, 2015

“Important factors you may value include research, operative exposures, size of center, curriculum set-up and connections for fellowship, location and the people you will be working.”

McGill General Surgery Student Interest Group

“I considered location, the strength of program and how it relates to how I learn. For me also, couples match was important. During the CaRMS tour, my mind changed a lot too, which is something I was not prepared for for sure!”

Family Medicine Resident, R-1

“I choose schools based on whether I did an elective there. It is important that I feel comfortable working with people. I felt that I had a good ability to get along well in my location. I also wanted to move out and try a different school, just to see how things work elsewhere. The city is also important, and I prefer bigger cities. You need to stay somewhere where you will be happy. The feeling I get from interviews is also important. It is important that I see that the residents seem happy and be nice to me. Research opportunities in bigger centers are better. In terms of curriculum itself, I find that the differences between one program and another are minimal, since a standard accreditation takes care of that. In short, it is important to consider how you work with other people at that location, what are the resources available (research, teaching) and the city itself.”

Neurology Resident, R-1

“Factors that I considered in my final ranking were geography and support network (social support and family support).”

Ophthalmology Resident, R-1

“There is a lot of gut feeling for the top three program choices. Location and salary are important. Provinces don’t pay the same. Programs are also important, but for me most programs are good, some are bad. It is more about the people you work with.”

Orthopaedic Surgery Resident, R-1

“Location is my main factor, but also where I felt the most like myself. And where I could get exposure to things I am interested in. Also how good the school is for the specialty I want and what it means down the road. I prefer smaller programs, so that was important for me.”

Internal Medicine Resident, R-1

“Don’t rank a program if you don’t want to go there! The worst thing that can happen is the fear of not ranking. Really think about where you would be willing to go and how far, and for how long.”

Internal Medicine Resident, R-1

“In order to match, you have to be smart about your approach. Some people only rank 1 or 2 programs, and your chances decrease significantly when you do that.”

Family Medicine Resident, R-1

“Talk with a variety of people about ranking- friends, family, mentors, anyone you may trust, if you’re feeling overwhelmed...sometimes bouncing your ideas off of others is both reassuring and enlightening.”

McGill MSS SPCI CaRMS Guide, 2015

For the Unmatched Candidate

“If I haven’t matched this year, I would still be involved in neurology and would have done research for a year in a neurology-related topic. You need to be proactive about your plan B. Start looking for potential research projects early on. Also consider the deadlines to apply for masters for instance. You don’t want to have to find a plan B at the last minute and miss the deadlines.”

Neurology Resident, R-1

“If unmatched, for ophthalmology you can do research fellowship until next CaRMS round. Some people back up with other things, but with competitive specialties like ophthalmology, pretty much all the weeks in your electives will be directed towards your first, which makes it hard to effectively back up with anything else. You can also do a master, in public health, or do a MBA.”

Ophthalmology Resident, R-1

“If unmatched, I would have done a master degree in MSc experimental surgery, which is something a lot of people do. I would have done it either in my home school, or the school I want to go to. That shows a lot of interests also. Networking is also important.”

Orthopaedic Surgery Resident, R-1

“U of A has the option of deferring grad and do a masters (student debt can remain student debt).”

Emergency Medicine Resident, R-1

5. EXTERNAL RESOURCES

Elective Portal

The new AFMC Student Portal online tool will be the one-stop-shop for Canadian and international students applying for visiting electives at all faculties of medicine across the country.

This application system is designed to streamline the elective placement process, and make life easier for students. It includes a searchable database of all visiting electives offered in Canada, payment processing, and a communication tool to keep students informed about their application status. The portal also reflects the commitment of the faculties of medicine to streamline elective workflows, timelines and policies.

Beginning December, 2014, eligible medical students can apply through the AFMC Student Portal for visiting electives.

Students are encouraged to use the AFMC Student Portal's Visiting Elective Guide to explore options available across Canada. The Guide is an online central database of visiting elective opportunities and can be searched at any time without having to register or submit an application.

Once the Portal is operational at all schools, it will be the only channel for eligible students to complete and submit an application for an elective.

For more information visit: www.afmcstudentportal.ca or contact studentportal@afmc.ca

NOTE: Please refer to specific school policies on the availability of visiting elective opportunities for Canadian and International medical students.

See more at: <https://www.afmc.ca/etools/afmc-student-portal#sthash.EH86aO9h.dpuf>

Useful Websites

Each medical faculty provides its students with resources on career advising. A great first place to start is by consulting these websites and meeting regularly with your career advisor.

Other useful resources include:

General Specialty Information

- 1) Brian, Freeman. *The Ultimate Guide to Choosing a Medical Specialty*, Third Edition. McGraw-Hill Medical, 2012. Print.
- 2) "Home - National Physician Survey." *National Physician Survey*.
<http://nationalphysiciansurvey.ca/>
- 3) "Careers In Medicine." *AAMC Careers In Medicine*. Web.
<https://www.aamc.org/cim/>

Comparing Canadian residency programs and specialties

- 1) "Canadian Resident Matching Service." *Canadian Resident Matching Service*. Web. <https://phx.e-carms.ca/phoenix-web/pd/main?mitid=1201>
- 2) "Physician Q&A." *Student Doctor Network*. Web.
<http://www.studentdoctor.net/category/physician-profiles/>
- 3) "Canadian Medical Association – Specialties" *Canadian Medical Association*.
<https://www.cma.ca/En/Pages/specialty-profiles.aspx>
- 4) "R-1 Match Reports - CaRMS." *CaRMS*. Web. <https://www.carms.ca/en/r-1-match-reports>